



## 97TH GENERAL ASSEMBLY

### State of Illinois

2011 and 2012

HB5051

Introduced 2/7/2012, by Rep. David R. Leitch

#### SYNOPSIS AS INTRODUCED:

210 ILCS 3/10  
210 ILCS 3/35  
210 ILCS 3/85 new

Amends the Alternative Health Care Delivery Act. Sets forth a definition for "postsurgical recovery care center model". Provides that a postsurgical recovery care center model may provide sleep laboratory or similar sleep studies in accordance with applicable State and federal laws and regulations. Requires the Department of Public Health to enforce by rule certain provisions concerning patient care with respect to each postsurgical recovery care center model. Sets forth policies and procedures concerning patient care, including the administration, storage, and monitoring of non-emergent blood transfusions given in a postsurgical recovery care center model.

LRB097 14990 RPM 60032 b

1 AN ACT concerning public health.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Alternative Health Care Delivery Act is  
5 amended by changing Sections 10 and 35 and by adding Section 85  
6 as follows:

7 (210 ILCS 3/10)

8 Sec. 10. Definitions. In this Act, unless the context  
9 otherwise requires:

10 "Alternative health care model" means a facility or program  
11 authorized under Section 35 of this Act.

12 "Board" means the State Board of Health.

13 "Department" means the Illinois Department of Public  
14 Health.

15 "Demonstration program" means a program to license and  
16 study alternative health care models authorized under this Act.

17 "Director" means the Director of Public Health.

18 "Postsurgical recovery care center model" means a  
19 designated site that provides postsurgical recovery care for  
20 generally healthy patients undergoing surgical procedures who  
21 require post-operative nursing care, pain control, or  
22 observation that would otherwise be provided in an in-patient  
23 setting.

1 (Source: P.A. 87-1188.)

2 (210 ILCS 3/35)

3 Sec. 35. Alternative health care models authorized.  
4 Notwithstanding any other law to the contrary, alternative  
5 health care models described in this Section may be established  
6 on a demonstration basis.

7 (1) (Blank).

8 (2) Alternative health care delivery model;  
9 postsurgical recovery care center. A postsurgical recovery  
10 care center is a designated site which provides  
11 postsurgical recovery care for generally healthy patients  
12 undergoing surgical procedures that require overnight  
13 nursing care, pain control, or observation that would  
14 otherwise be provided in an inpatient setting. A  
15 postsurgical recovery care center is either freestanding  
16 or a defined unit of an ambulatory surgical treatment  
17 center or hospital. No facility, or portion of a facility,  
18 may participate in a demonstration program as a  
19 postsurgical recovery care center unless the facility has  
20 been licensed as an ambulatory surgical treatment center or  
21 hospital for at least 2 years before August 20, 1993 (the  
22 effective date of Public Act 88-441). The maximum length of  
23 stay for patients in a postsurgical recovery care center is  
24 not to exceed 48 hours unless the treating physician  
25 requests an extension of time from the recovery center's

1 medical director on the basis of medical or clinical  
2 documentation that an additional care period is required  
3 for the recovery of a patient and the medical director  
4 approves the extension of time. In no case, however, shall  
5 a patient's length of stay in a postsurgical recovery care  
6 center be longer than 72 hours. If a patient requires an  
7 additional care period after the expiration of the 72-hour  
8 limit, the patient shall be transferred to an appropriate  
9 facility. Reports on variances from the 48-hour limit shall  
10 be sent to the Department for its evaluation. The reports  
11 shall, before submission to the Department, have removed  
12 from them all patient and physician identifiers. In order  
13 to handle cases of complications, emergencies, or exigent  
14 circumstances, every postsurgical recovery care center as  
15 defined in this paragraph shall maintain a contractual  
16 relationship, including a transfer agreement, with a  
17 general acute care hospital. A postsurgical recovery care  
18 center shall be no larger than 20 beds. A postsurgical  
19 recovery care center shall be located within 15 minutes  
20 travel time from the general acute care hospital with which  
21 the center maintains a contractual relationship, including  
22 a transfer agreement, as required under this paragraph.

23 No postsurgical recovery care center shall  
24 discriminate against any patient requiring treatment  
25 because of the source of payment for services, including  
26 Medicare and Medicaid recipients.

1           The Department shall adopt rules to implement the  
2 provisions of Public Act 88-441 concerning postsurgical  
3 recovery care centers within 9 months after August 20,  
4 1993. Notwithstanding any other law to the contrary, a  
5 postsurgical recovery care center model may provide sleep  
6 laboratory or similar sleep studies in accordance with  
7 applicable State and federal laws and regulations.

8           (3) Alternative health care delivery model; children's  
9 community-based health care center. A children's  
10 community-based health care center model is a designated  
11 site that provides nursing care, clinical support  
12 services, and therapies for a period of one to 14 days for  
13 short-term stays and 120 days to facilitate transitions to  
14 home or other appropriate settings for medically fragile  
15 children, technology dependent children, and children with  
16 special health care needs who are deemed clinically stable  
17 by a physician and are younger than 22 years of age. This  
18 care is to be provided in a home-like environment that  
19 serves no more than 12 children at a time. Children's  
20 community-based health care center services must be  
21 available through the model to all families, including  
22 those whose care is paid for through the Department of  
23 Healthcare and Family Services, the Department of Children  
24 and Family Services, the Department of Human Services, and  
25 insurance companies who cover home health care services or  
26 private duty nursing care in the home.

1           Each children's community-based health care center  
2 model location shall be physically separate and apart from  
3 any other facility licensed by the Department of Public  
4 Health under this or any other Act and shall provide the  
5 following services: respite care, registered nursing or  
6 licensed practical nursing care, transitional care to  
7 facilitate home placement or other appropriate settings  
8 and reunite families, medical day care, weekend camps, and  
9 diagnostic studies typically done in the home setting.

10           Coverage for the services provided by the Department of  
11 Healthcare and Family Services under this paragraph (3) is  
12 contingent upon federal waiver approval and is provided  
13 only to Medicaid eligible clients participating in the home  
14 and community based services waiver designated in Section  
15 1915(c) of the Social Security Act for medically frail and  
16 technologically dependent children or children in  
17 Department of Children and Family Services foster care who  
18 receive home health benefits.

19           (4) Alternative health care delivery model; community  
20 based residential rehabilitation center. A community-based  
21 residential rehabilitation center model is a designated  
22 site that provides rehabilitation or support, or both, for  
23 persons who have experienced severe brain injury, who are  
24 medically stable, and who no longer require acute  
25 rehabilitative care or intense medical or nursing  
26 services. The average length of stay in a community-based

1 residential rehabilitation center shall not exceed 4  
2 months. As an integral part of the services provided,  
3 individuals are housed in a supervised living setting while  
4 having immediate access to the community. The residential  
5 rehabilitation center authorized by the Department may  
6 have more than one residence included under the license. A  
7 residence may be no larger than 12 beds and shall be  
8 located as an integral part of the community. Day treatment  
9 or individualized outpatient services shall be provided  
10 for persons who reside in their own home. Functional  
11 outcome goals shall be established for each individual.  
12 Services shall include, but are not limited to, case  
13 management, training and assistance with activities of  
14 daily living, nursing consultation, traditional therapies  
15 (physical, occupational, speech), functional interventions  
16 in the residence and community (job placement, shopping,  
17 banking, recreation), counseling, self-management  
18 strategies, productive activities, and multiple  
19 opportunities for skill acquisition and practice  
20 throughout the day. The design of individualized program  
21 plans shall be consistent with the outcome goals that are  
22 established for each resident. The programs provided in  
23 this setting shall be accredited by the Commission on  
24 Accreditation of Rehabilitation Facilities (CARF). The  
25 program shall have been accredited by CARF as a Brain  
26 Injury Community-Integrative Program for at least 3 years.

1           (5)   Alternative health care delivery model;  
2   Alzheimer's disease management center. An Alzheimer's  
3   disease management center model is a designated site that  
4   provides a safe and secure setting for care of persons  
5   diagnosed with Alzheimer's disease. An Alzheimer's disease  
6   management center model shall be a facility separate from  
7   any other facility licensed by the Department of Public  
8   Health under this or any other Act. An Alzheimer's disease  
9   management center shall conduct and document an assessment  
10  of each resident every 6 months. The assessment shall  
11  include an evaluation of daily functioning, cognitive  
12  status, other medical conditions, and behavioral problems.  
13  An Alzheimer's disease management center shall develop and  
14  implement an ongoing treatment plan for each resident. The  
15  treatment plan shall have defined goals. The Alzheimer's  
16  disease management center shall treat behavioral problems  
17  and mood disorders using nonpharmacologic approaches such  
18  as environmental modification, task simplification, and  
19  other appropriate activities. All staff must have  
20  necessary training to care for all stages of Alzheimer's  
21  Disease. An Alzheimer's disease management center shall  
22  provide education and support for residents and  
23  caregivers. The education and support shall include  
24  referrals to support organizations for educational  
25  materials on community resources, support groups, legal  
26  and financial issues, respite care, and future care needs

1 and options. The education and support shall also include a  
2 discussion of the resident's need to make advance  
3 directives and to identify surrogates for medical and legal  
4 decision-making. The provisions of this paragraph  
5 establish the minimum level of services that must be  
6 provided by an Alzheimer's disease management center. An  
7 Alzheimer's disease management center model shall have no  
8 more than 100 residents. Nothing in this paragraph (5)  
9 shall be construed as prohibiting a person or facility from  
10 providing services and care to persons with Alzheimer's  
11 disease as otherwise authorized under State law.

12 (6) Alternative health care delivery model; birth  
13 center. A birth center shall be exclusively dedicated to  
14 serving the childbirth-related needs of women and their  
15 newborns and shall have no more than 10 beds. A birth  
16 center is a designated site that is away from the mother's  
17 usual place of residence and in which births are planned to  
18 occur following a normal, uncomplicated, and low-risk  
19 pregnancy. A birth center shall offer prenatal care and  
20 community education services and shall coordinate these  
21 services with other health care services available in the  
22 community.

23 (A) A birth center shall not be separately licensed  
24 if it is one of the following:

25 (1) A part of a hospital; or

26 (2) A freestanding facility that is physically

1 distinct from a hospital but is operated under a  
2 license issued to a hospital under the Hospital  
3 Licensing Act.

4 (B) A separate birth center license shall be  
5 required if the birth center is operated as:

6 (1) A part of the operation of a federally  
7 qualified health center as designated by the  
8 United States Department of Health and Human  
9 Services; or

10 (2) A facility other than one described in  
11 subparagraph (A)(1), (A)(2), or (B)(1) of this  
12 paragraph (6) whose costs are reimbursable under  
13 Title XIX of the federal Social Security Act.

14 In adopting rules for birth centers, the Department  
15 shall consider: the American Association of Birth Centers'  
16 Standards for Freestanding Birth Centers; the American  
17 Academy of Pediatrics/American College of Obstetricians  
18 and Gynecologists Guidelines for Perinatal Care; and the  
19 Regionalized Perinatal Health Care Code. The Department's  
20 rules shall stipulate the eligibility criteria for birth  
21 center admission. The Department's rules shall stipulate  
22 the necessary equipment for emergency care according to the  
23 American Association of Birth Centers' standards and any  
24 additional equipment deemed necessary by the Department.  
25 The Department's rules shall provide for a time period  
26 within which each birth center not part of a hospital must

1           become accredited by either the Commission for the  
2           Accreditation of Freestanding Birth Centers or The Joint  
3           Commission.

4           A birth center shall be certified to participate in the  
5           Medicare and Medicaid programs under Titles XVIII and XIX,  
6           respectively, of the federal Social Security Act. To the  
7           extent necessary, the Illinois Department of Healthcare  
8           and Family Services shall apply for a waiver from the  
9           United States Health Care Financing Administration to  
10          allow birth centers to be reimbursed under Title XIX of the  
11          federal Social Security Act.

12          A birth center that is not operated under a hospital  
13          license shall be located within a ground travel time  
14          distance from the general acute care hospital with which  
15          the birth center maintains a contractual relationship,  
16          including a transfer agreement, as required under this  
17          paragraph, that allows for an emergency caesarian delivery  
18          to be started within 30 minutes of the decision a caesarian  
19          delivery is necessary. A birth center operating under a  
20          hospital license shall be located within a ground travel  
21          time distance from the licensed hospital that allows for an  
22          emergency caesarian delivery to be started within 30  
23          minutes of the decision a caesarian delivery is necessary.

24          The services of a medical director physician, licensed  
25          to practice medicine in all its branches, who is certified  
26          or eligible for certification by the American College of

1           Obstetricians and Gynecologists or the American Board of  
2           Osteopathic Obstetricians and Gynecologists or has  
3           hospital obstetrical privileges are required in birth  
4           centers. The medical director in consultation with the  
5           Director of Nursing and Midwifery Services shall  
6           coordinate the clinical staff and overall provision of  
7           patient care. The medical director or his or her physician  
8           designee shall be available on the premises or within a  
9           close proximity as defined by rule. The medical director  
10          and the Director of Nursing and Midwifery Services shall  
11          jointly develop and approve policies defining the criteria  
12          to determine which pregnancies are accepted as normal,  
13          uncomplicated, and low-risk, and the anesthesia services  
14          available at the center. No general anesthesia may be  
15          administered at the center.

16                 If a birth center employs certified nurse midwives, a  
17                 certified nurse midwife shall be the Director of Nursing  
18                 and Midwifery Services who is responsible for the  
19                 development of policies and procedures for services as  
20                 provided by Department rules.

21                 An obstetrician, family practitioner, or certified  
22                 nurse midwife shall attend each woman in labor from the  
23                 time of admission through birth and throughout the  
24                 immediate postpartum period. Attendance may be delegated  
25                 only to another physician or certified nurse midwife.  
26                 Additionally, a second staff person shall also be present

1 at each birth who is licensed or certified in Illinois in a  
2 health-related field and under the supervision of the  
3 physician or certified nurse midwife in attendance, has  
4 specialized training in labor and delivery techniques and  
5 care of newborns, and receives planned and ongoing training  
6 as needed to perform assigned duties effectively.

7 The maximum length of stay in a birth center shall be  
8 consistent with existing State laws allowing a 48-hour stay  
9 or appropriate post-delivery care, if discharged earlier  
10 than 48 hours.

11 A birth center shall participate in the Illinois  
12 Perinatal System under the Developmental Disability  
13 Prevention Act. At a minimum, this participation shall  
14 require a birth center to establish a letter of agreement  
15 with a hospital designated under the Perinatal System. A  
16 hospital that operates or has a letter of agreement with a  
17 birth center shall include the birth center under its  
18 maternity service plan under the Hospital Licensing Act and  
19 shall include the birth center in the hospital's letter of  
20 agreement with its regional perinatal center.

21 A birth center may not discriminate against any patient  
22 requiring treatment because of the source of payment for  
23 services, including Medicare and Medicaid recipients.

24 No general anesthesia and no surgery may be performed  
25 at a birth center. The Department may by rule add birth  
26 center patient eligibility criteria or standards as it

1       deems necessary. The Department shall by rule require each  
2       birth center to report the information which the Department  
3       shall make publicly available, which shall include, but is  
4       not limited to, the following:

5               (i) Birth center ownership.

6               (ii) Sources of payment for services.

7               (iii) Utilization data involving patient length of  
8       stay.

9               (iv) Admissions and discharges.

10              (v) Complications.

11              (vi) Transfers.

12              (vii) Unusual incidents.

13              (viii) Deaths.

14              (ix) Any other publicly reported data required  
15       under the Illinois Consumer Guide.

16              (x) Post-discharge patient status data where  
17       patients are followed for 14 days after discharge from  
18       the birth center to determine whether the mother or  
19       baby developed a complication or infection.

20       Within 9 months after the effective date of this  
21       amendatory Act of the 95th General Assembly, the Department  
22       shall adopt rules that are developed with consideration of:  
23       the American Association of Birth Centers' Standards for  
24       Freestanding Birth Centers; the American Academy of  
25       Pediatrics/American College of Obstetricians and  
26       Gynecologists Guidelines for Perinatal Care; and the

1 Regionalized Perinatal Health Care Code.

2 The Department shall adopt other rules as necessary to  
3 implement the provisions of this amendatory Act of the 95th  
4 General Assembly within 9 months after the effective date  
5 of this amendatory Act of the 95th General Assembly.

6 (Source: P.A. 97-135, eff. 7-14-11.)

7 (210 ILCS 3/85 new)

8 Sec. 85. Patient care.

9 (a) The Department shall enforce by rule the provisions of  
10 this Section with respect to each postsurgical recovery care  
11 center model.

12 (b) All persons shall be admitted to the postsurgical  
13 recovery care center model by a member of the medical staff and  
14 shall be under the professional care of a member of the medical  
15 staff.

16 (c) No medication, treatment or diagnostic test shall be  
17 administered to a patient except on the written order of a  
18 member of the medical staff. Verbal orders shall be signed  
19 before the medical staff member leaves the postsurgical  
20 recovery care center model. Telephone orders shall be  
21 countersigned within 24 hours after issuance.

22 (d) Policies and procedures must be developed and  
23 implemented that address the following:

24 (1) An initial nursing assessment shall be performed by  
25 a registered nurse on admission of the patient to the

1       Model.

2           (2) A nursing care plan shall be developed and  
3       implemented that addresses the needs of the patient and is  
4       coordinated with the patient's medical management plan.

5           (3) Visiting rules shall be developed that protect the  
6       health, safety, and privacy of the patients. Visiting rules  
7       shall include the following:

8           (A) Visiting hours shall be communicated to the  
9       patient and posted in areas visible to all persons  
10       entering the postsurgical recovery care center model.

11           (B) No visitor shall knowingly be admitted who has  
12       a known infectious disease, who has recently recovered  
13       from such a disease, or who has recently had contact  
14       with such a disease.

15           (C) Smoking by visitors shall be prohibited except  
16       in specially designated areas.

17           (4) Policies and procedures concerning emergency care  
18       and transfers shall include the following:

19           (A) Policies and procedures shall be developed  
20       that establish the extent of emergency treatment to be  
21       provided in the postsurgical recovery care center  
22       model, including basic life support procedures and  
23       transfer arrangements for patients who require care  
24       beyond the scope provided by the postsurgical recovery  
25       care center model.

26           (B) There shall be monitoring equipment, suction

1 apparatus, oxygen, and cardiopulmonary resuscitation  
2 equipment available in the postsurgical recovery care  
3 center model.

4 (C) Patient transfers to a hospital shall be by a  
5 licensed ambulance service.

6 (D) Appropriate medical records and a summary of  
7 the events precipitating the transfer must accompany  
8 the patient.

9 (E) The postsurgical recovery care center model  
10 must have a written disaster plan of operation with  
11 procedures to be followed in the event of fire, natural  
12 disaster, or other threat to patient safety.

13 (5) Policies and procedures shall be developed and  
14 implemented concerning the administration, storage, and  
15 disposal of medications.

16 (6) Policies and procedures shall be developed and  
17 implemented concerning the administration, storage, and  
18 monitoring of non-emergent blood transfusions given in the  
19 postsurgical recovery care center model.

20 (e) Written discharge instructions shall be provided to  
21 each patient based upon the patient's health care needs and the  
22 medical staff's instructions.

23 (f) Patients shall be discharged only on the written signed  
24 order of a member of the medical staff.